

## CDM-MOC-FORM: ANNEX 1

This annex is required at the 'request for registration' stage only and is submitted by the validating DOE together with CDM-MOC-FORM ("Modalities of communication statement").

SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS	
<b>Title of the project / programme of activities</b>	LFG flaring project at Dubai, UAE
<b>Project / programme of activities reference number:</b> (if available)	8269
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
<b>Name of entity:</b> Green Energy Solutions & Sustainability LLC	
<b>Address:</b> Business Bay, Executive Tower D, Suite #605, Sheik Zayed Road, Dubai United Arab Emirates	
<b>Party (country authorizing participation):</b> United Arab Emirates	
<b>End-date of participation:</b>	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Yousuf	Telephone 1:
First name: Ahmad	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Contact details (alternate authorized signatory):</b>	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Nouri	Telephone 1:
First name: Anita	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Dubai Municipality	
<b>Address:</b> P.O Box 67, Dubai United Arab Emirates	
<b>Party (country authorizing participation):</b> United Arab Emirates	
<b>End-date of participation:</b>	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Al Shaer	Telephone 1:
First name: Hamdan	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> M/s First Climate (India) Private Limited	

<b>Address:</b> 3C, Camac Street, Camac Tower, 9th Floor, Kolkata, West Bengal, 700 016 India	
<b>Party (country authorizing participation):</b> United Arab Emirates	
<b>End-date of participation:</b>	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Biswas	Telephone 1:
First name: Subhendu	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):